

MERCHANT PROCESSING APPLICATION AND AGREEMENT



Office # _____

Agent # _____

SIC CODE # _____

NMC1102		1. MERCHANT INFORMATION				NMC1102	
Legal Name of Business			DBA (Doing Business As)				
Location/Site Address			City	State	ZIP		
Mailing Address			City	State	ZIP		
Company Phone Number	Descriptor Phone Number	Fax Number	Contact Name		Title		
Tax ID		Company Website Address (URL)		Company E-Mail Address			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Private Corp.	<input type="checkbox"/> Tax Exempt Corp.	<input type="checkbox"/> Limited Liability Company	State Filed:	
Business Start Date (mm/dd/yyyy)	Has this Business or any Associated Principal been terminated as a VISA®/MasterCard®/Discover® Merchant? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has Merchant or any Associated Principal disclosed below filed bankruptcy or been subject to an involuntary bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide date, if "yes":				
Do you currently accept VISA/MC/Discover? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, you must submit 3 most current monthly statements)			Your previous card processor: Reason for change: <input type="checkbox"/> Rates <input type="checkbox"/> Service <input type="checkbox"/> Terminated (Date:) <input type="checkbox"/> Other:				
Merchant Location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Separate Building <input type="checkbox"/> Mobile <input type="checkbox"/> Other:							
Merchant sells: (specify product, service and/or information)			Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None				
Do you have a refund policy for VISA/MasterCard/Discover Sales? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, check one: <input type="checkbox"/> VISA/MC/Discover Credit <input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit If VISA/MC/Discover Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14 days							
<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Reprogram		Do you use any third party to store, process or transmit cardholder's data? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", name of company, address and phone):					
OWNERSHIP INFORMATION (List principals names that own combined at least: 51% for corporations, 100% for partnerships.)							
Principal Name (First, MI, Last) 1)			Title	Ownership (%)	Date of Birth (mm/dd/yyyy)		
Home Address			City	State	ZIP	Home Phone	
Social Security #	Driver License #		Dr.Lic. State/Exp Date	Personal residence For how long?	<input type="checkbox"/> Own Yrs.	<input type="checkbox"/> Rent Mo.	
Principal Name (First, MI, Last) 2)			Title	Ownership (%)	Date of Birth (mm/dd/yyyy)		
Home Address			City	State	ZIP	Home Phone	
Social Security #	Driver License #		Dr.Lic. State/Exp Date	Personal residence For how long?	<input type="checkbox"/> Own Yrs.	<input type="checkbox"/> Rent Mo.	
2. TRANSACTION INFORMATION							
FINANCIAL DATA			WHERE IS SALE TRANSACTED?		HOW IS TRANSACTION COMPLETED?		
Average MONTHLY VISA & MC & Discover Volume \$ _____			Store Front/Swiped _____%		Electronic data capture (swiped) _____%		
Average VISA & MC & Discover Ticket (estimate past processing) \$ _____			Internet _____%		Manual entry with Imprint _____%		
Highest Ticket Amount \$ _____			Mail Order _____%		Manual entry, no card present, no imprint _____%		
<input type="checkbox"/> Seasonal? Highest Volume Months Open \$ _____ (if seasonal, circle applicable months below) J F M A M J J A S O N D			Telephone Order _____%		Voice Authorization and Capture _____%		
			Total must equal = 100 %		Total must equal = 100 %		
MERCHANT TYPE							
<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Food <input type="checkbox"/> Internet <input type="checkbox"/> Mail/Telephone Orders Only <input type="checkbox"/> Home Business/Trade Fairs <input type="checkbox"/> Outside Sales/Services Etc. <input type="checkbox"/> Petroleum <input type="checkbox"/> Lodging							
Mail / Telephone Order / Business to Business Information (ALL QUESTIONS MUST BE ANSWERED BY APPLICABLE TYPE OF MERCHANTS)							
What % of total sales represent Business to Business (vs. Business to Consumer): B2B _____% + B2C _____% = 100% (total sales)							
What % of bancard sales represent Business to Business (vs. Business to Consumer): B2B _____% + B2C _____% = 100% (total sales)							
What is the time from transaction to delivery? (% of orders delivered in days): 0-7 _____% + 8-14 _____% + 15-30 _____% + over 30 days _____% = 100% delivered							
VISA/MasterCard/Discover sales are deposited on (check one): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other _____							
Who performs product/service fulfillment?: <input type="checkbox"/> Direct <input type="checkbox"/> Vendor <input type="checkbox"/> Other If Vendor: _____							
PROVIDE NAME / ADDRESS / PHONE							

NMC1102		3. TRADE REFERENCES		NMC1102	
Vendor 1		Account#	Contact Name	Phone Number	
Vendor 2		Account#	Contact Name	Phone Number	
4. CREDIT / DEBIT AUTHORIZATION					
BANK NAME _____			MERCHANT hereby authorizes SERVICERS in accordance with this MERCHANT Processing Agreement to initiate debit/credit entries to MERCHANT'S checking account, as indicated below. The authority is to remain in full force and effect until (a) SERVICERS have received written notification from a MERCHANT of its termination in such a manner as to afford SERVICERS reasonable opportunity to act on it; and (b) all obligations of MERCHANT to SERVICERS that have arisen under this Agreement have been paid in full. This authorization extends to such entries in such account concerning processing fees, lease, and rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees, and amounts due for supplies and materials.		
BANK ROUTING # _____					
BANK ACCOUNT # _____					
MUST ATTACH VOIDED CHECK FROM THIS ACCOUNT					
5. ADDITIONAL BUSINESS AND SITE INSPECTION INFORMATION (To be completed by sales representative)					
Zone: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential			Approx. size, square footage: <input type="checkbox"/> 0-500 <input type="checkbox"/> 501-2000 <input type="checkbox"/> 2001 +		
Merchant Location: <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Separate Building <input type="checkbox"/> Mobile <input type="checkbox"/> Other:					
The Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Rents <input type="checkbox"/> Leases the business premises.		Landlord Name		Landlord Phone	
Does the name on the store front match the DBA name? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if "No":			Is inventory and merchandise displayed consistent with the type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain if "No":		
Does merchant accept payment before the customer receives product/services? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain if "Yes":					
Advertising method(s): (check all that apply) <input type="checkbox"/> Newspapers <input type="checkbox"/> Magazine <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Other:					
Required: Attach marketing materials for all Mail Order, B2B, Internet Businesses with over \$1mil. in annual volume. Attach Web Page printout for Internet Merchants.					
Business Hours: (Check all applicable, circle a.m. or p.m.) <input type="checkbox"/> 24 hours <input type="checkbox"/> Mon-Fri from _____ a.m. p.m. to _____ a.m. p.m. <input type="checkbox"/> Saturday from _____ a.m. p.m. to _____ a.m. p.m. <input type="checkbox"/> Sunday from _____ a.m. p.m. to _____ a.m. p.m.					
Merchant Time Zone: <input type="checkbox"/> Pacific <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Hawaii		Settlement: <input type="checkbox"/> Standard cut-off time 23:59 p.m. <input type="checkbox"/> Alternative cut-off time _____ a.m. p.m.			
I hereby certify that I have physically inspected the business premises of the merchant at this address and the information stated above is correct to the best of my knowledge and belief.					
X _____ Signature		Inspected By (print name)		Date (mm/dd/yyyy)	
6. EQUIPMENT					
Terminal <input type="checkbox"/> Model _____		Pin-pad <input type="checkbox"/> Model _____			
Printer <input type="checkbox"/> Model _____		Check reader <input type="checkbox"/> Model _____			
Software <input type="checkbox"/> Model _____		Misc. <input type="checkbox"/> _____			
TERMINAL PROGRAMMING: <input type="checkbox"/> Gift Cards <input type="checkbox"/> Wireless <input type="checkbox"/> Level II P-Cards <input type="checkbox"/> Level III P-Cards			LEASE COMPANY: First Data Global Leasing		
<input type="checkbox"/> Retail (80% swiped) <input type="checkbox"/> Retail (with tips) <input type="checkbox"/> Restaurant (with tips) <input type="checkbox"/> Petroleum <input type="checkbox"/> Lodging			Lease Term: _____ months Annual Tax Handling Fee: <u>\$10.20</u>		
<input type="checkbox"/> MOTO (AVS req.) <input type="checkbox"/> AVS <input type="checkbox"/> 4 Digit Verification <input type="checkbox"/> Invoice # <input type="checkbox"/> Server ID			Total Monthly Lease Charge: \$ _____ w/o taxes, fees or other charges that may apply – See Lease Agreement in Program Guide for details.		
Dial Out Code: <input type="checkbox"/> None <input type="checkbox"/> «8» <input type="checkbox"/> «9» <input type="checkbox"/> Other« _____ »			This is <u>non-cancelable</u> lease for the full term indicated.		
Auto Batch Closing Time: <input type="checkbox"/> Default 11:59PM <input type="checkbox"/> Other« _____ »					
Is there an existing Manual Imprinter at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment is: <input type="checkbox"/> Reprogram; Provided by: <input type="checkbox"/> NMC <input type="checkbox"/> Merchant <input type="checkbox"/> Agent Ship to: <input type="checkbox"/> Merchant <input type="checkbox"/> Agent			
Number of Imprinter Plates _____ Merchant acknowledges that an imprinter is required for any non-swiped transactions.		<input type="checkbox"/> Ship Welcome Kit Only; Call Merchant for: <input type="checkbox"/> Download <input type="checkbox"/> Training			
		Contact: _____ Phone Number: _____			
COMMENTS:					
7. GRID INFORMATION (Internal Use Only)					
VISA CREDIT MPG ID (8-position Alphanumeric):		VISA DEBIT MPG ID (8-position Alphanumeric):		VISA TIERED GRID ID (8-position Alphanumeric): <u>CLIENT USE</u>	
MC CREDIT MPG ID (8-position Alphanumeric):		MC DEBIT MPG ID (8-position Alphanumeric):		MC TIERED GRID ID (8-position Alphanumeric): <u>CLIENT USE</u>	
DISC. CREDIT MPG ID (8-position Alphanumeric):		DISC. DEBIT MPG ID (8-position Alphanumeric):		DISC. TIERED GRID ID (8-position Alphanumeric): <u>CLIENT USE</u>	
USER DEFINED GRID ID#:		AUTHORIZATION GRID ID#:			
CAN EXPRESS® ACC NCE				8.1 JCB® ACCEPTANCE	
Discount Rate: _____		I authorize American Express Travel Related Services Company, Inc. (American Express) to verify the information on this Application and to receive and exchange information about me, including requesting reports from consumer reporting agencies. If I ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I understand that upon American Express' approval of the business entity indicated above to accept the American Express Card, The Terms and Conditions for American Express Card Acceptance ("Terms and Conditions") will be sent to such business entity along with a Welcome Letter. By accepting the American Express card for purchase of goods and/or services, you agree to be bound by the Terms and Conditions.		Discount Rate: _____	
AGREED AND ACCEPTED:				By signing below, I (we) represent that all of the information contained on this application is true and complete. I (we) understand that the JCB Card Acceptance Terms and Conditions will be sent to the address above with a welcome letter upon approval by JCB. I (we) agree to be bound by the JCB Card Acceptance Terms and Conditions for accepting the JCB Card for purchases of goods or other services.	
_____		Signature / Print Name		_____	
				Signature / Print Name	

NMC1102		9. SCHEDULE OF CHARGES / FEES				NMC1102																																					
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Qualified Rate is assessed when your transactions meet certain criteria set by the applicable Association and Processor. When your Card transactions fail to meet those qualification criteria, we will process your transactions at the higher Mid-qualified Discount Rate of .75% + \$.10 or in certain circumstances, at a Non-qualified Discount Rate (Standard) of 1.50%+ \$.10, both rates are a surcharge to the qualified rate. An interchange transaction fee of \$00.1073 is assessed on each bankcard transaction. Rates may appear on your statement described as "Electronic" or "Standard".																																											
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DEBIT:		Monthly Access Fee: \$10.00 <input type="checkbox"/> Cash Back \$ _____ max		Authorization/Transaction Fee: \$ _____ + network fees		<input type="checkbox"/> Access Fee \$ _____																																					
EBT		FCS #:		Trans Fee:																																							
Benefit Issuance Availability: Days _____ Hours _____				Electronic Voucher Support: Yes <input type="checkbox"/> No <input type="checkbox"/>																																							
Check all EBT services provided at this location:																																											
<input type="checkbox"/> Food stamps <input type="checkbox"/> Cash Benefits <input type="checkbox"/> Purchase with Cash Back <input type="checkbox"/> Purchase <input type="checkbox"/> Cash Withdrawal If cash issuance, the limit amount: \$ _____																																											
PETROLEUM:		Pay at the Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No		WEX #: <input type="checkbox"/> Wright Express (WEX) Rate: 3.50% Transaction/Authorization Fee:																																							
Voyager #:		<input type="checkbox"/> Voyager Rate: 3.40%, Transaction/Authorization Fee:		Equipment: <input type="checkbox"/> VeriFone Ruby <input type="checkbox"/> Auto Gas <input type="checkbox"/> Gas Boy <input type="checkbox"/> Gilbarco <input type="checkbox"/> Other:																																							
Other Fees: Account Maintenance - \$20 (charged if the merchant changes their business name or bank account record); Returned Item Fee - \$25 (charged if NMC attempted to debit the bank account for discounts or other fee and receives a rejection due to funds being unavailable at that time); Decline Fee- An amount equal to the Authorization Fee amount and charged per item declined; Monthly Compliance Fee-\$3.96 (does not affect your compliance responsibilities and obligations associated with your merchant account); Electronic AVS Fee- \$00.10; Annual fee - \$75																																											
Additional Information:																																											

10. SIGNATURES	
<p>Client certifies that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the VISA/MasterCard/Discover Tiered Grid ID Numbers, Program Guide (NMC1102) and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-10), and by this reference incorporated herein. (Program Guide can be downloaded from http://www.nationalmerchant.com/PDF/ProgramGuideNMC1102.pdf). Client expressly acknowledges and certifies that Client has read the said Program Guide, and Client agrees to be bound by its terms including but not limited to the early termination fee provision. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement as Section 33, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement. Client authorizes National Merchant Center ("NMC") and Wells Fargo Bank, N.A. ("Bank") and their agents to investigate the references, statements and other data contained herein and to obtain additional information from credit bureaus and other lawful sources, including persons and companies names in this Merchant Processing Application. Client authorizes NMC and BANK and their agents (a) to procure information from any consumer reporting agency bearing his/her personal credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and (b) to contact all previous employers, personal references and educational institutions. It is our policy to obtain certain information in order to verify your identity while processing your account application.</p> <p>You acknowledge that by accepting a Discover® card for payment, you agree to the terms and conditions ("T&C") of Discover® Network ("Discover"). Discover® will send the T&Cs.</p> <p>The individual who signs this Agreement has authority to do so and to bind its Establishment to the terms and conditions of this Agreement. You further represent that you are authorized to sign and enter into this Agreement on behalf of your establishment, subsidiaries and affiliates, and that you authorize American Express® Travel Related Services Company, Inc. and JCB® to verify the information on this Application.</p> <p>Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by NMC and Bank.</p> <p>Client's Business Principal(s) / Officer(s):</p> <p>Signature X _____ Title _____ Print Name Of Signer _____ Date _____</p> <p>Signature X _____ Title _____ Print Name Of Signer _____ Date _____</p> <p>PERSONAL GUARANTEE: The undersigned guarantees to NMC and Bank the performance of this Agreement and First Data Lease, if applicable, and any addendum thereto by Client, and in the event of default, hereby waives Notice of Default and agrees to indemnify the other parties, including payment of all sums due and owing and costs associated with enforcement of the terms thereof. NMC and Bank shall not be required to first proceed against Client or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of NMC and Bank. The term of this guarantee shall be for the duration of the Merchant Processing Application and Agreement and any addendum thereto and shall guarantee all obligations which may arise or occur in connection with my activities during the term thereof through enforcement shall be sought subsequent to any termination.</p> <p>Personal Guarantee</p> <p>Signature X _____ Print Name Of Guarantor _____ Date _____</p> <p>Personal Guarantee</p> <p>Signature X _____ Print Name Of Guarantor _____ Date _____</p>	
ACCEPTED BY NATIONAL MERCHANT CENTER Signature X _____ Title _____ Date _____	Wells Fargo Bank, N.A., 1200 Montego Way, Walnut Creek, CA 94598 Signature X _____ Title _____ Date _____